

... if more than one child at birth, a SEPARATE RETURN must be made for each, and the number in each, in order of birth stated.

PLACE OF BIRTH

1. County of Kila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
County Registrar No. 8B
Local Registrar No. 8B

2. Full name of child Elizabeth Eunice Smith
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Feb-23-1927
Month Day Year

8. FATHER
Full name Charles Roland Smith
9. Residence (Usual place of abode) Inspiration Arizona
If nonresident, give place and state _____
10. Color or race Colored
11. Age at last birthday 28 (Years)

14. MOTHER
Full maiden name Ruth Sharp
15. Residence (Usual place of abode) Inspiration Arizona
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Kansas-U.S.A.
(State or country)
13. Occupation Electrical Engineer
Nature of industry _____

18. Birthplace (city or place) Morse Co - Iowa U.S.A.
(State or country)
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:07 A. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature W. S. Bacon (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed Feb 9, 1927 Local Registrar. C. E. Irwin
County Registrar. _____

524-223-934